



Arizona Immunization Program Office
Vaccine Center
Vaccines For Children (VFC) Program
Voice: (602) 364-3642 FAX: (602) 364-3276

**INITIAL
Influenza Order
Fax to 602-364-3276**

Initial Influenza Vaccine Order

2011– 2012

Due no later than July 31, 2011

(If received after August 1, 2011 order will be delayed)

Practice/Provider Name:		Date submitted:	PIN
Name of person submitting form:	Fax & Area code:	Phone & Area code:	

Influenza age groups	Manufacturer/Choice		Doses Requested
Ages 6 months through 35 months 0.25 mL prefilled syringes	Sanofi Pasteur - Fluzone®	NDC# 49281-0011-25	
Ages 3 years through 18 years 0.5 mL Single dose vials	Sanofi Pasteur - Fluzone	NDC#49281-0011-10	
Ages 3 years through 18 years 0.5 mL prefilled syringes	Sanofi Pasteur - Fluzone	NDC#49281-0011-50	
	GSK - Fluarix	NDC#58160-0878-52	
Ages 6 months through 18 years 5.0 mL Multi-dose vials	Sanofi Pasteur - Fluzone	NDC#49281-0388-15	
Ages 2 years through 18 years Intra-nasal sprayers-LAIV	MedImmune - FluMist	NDC#66019-0109-10	

Please do not order more than a 4 to 6 week supply for your initial order.

VFC will honor your **choice** based on vaccine availability.

You will be able to order more flu vaccine after you receive your initial order using the flu order/reporting form.

Fax this form to 602-364-3276 before August 1, 2011